

BALTIMORE CITY ETHICS BOARD

626 City Hall

Baltimore, Maryland 21202

Phone: 410-396-4730 Fax: 410-396-8483

<http://www.baltimorecity.gov/Government/BoardsandCommissions/EthicsBoard.aspx>

LATE FEE: \$2/DAY

**IMPORTANT:
CAREFULLY READ
ACCOMPANYING DIRECTIONS**

**FINANCIAL DISCLOSURE STATEMENT
FOR
OFFICIALS AND EMPLOYEES GENERALLY**

NOTE: *Bold-italicized terms* are defined in the accompanying Financial Disclosure Directions, which should be reviewed carefully before completing this Statement.

PART A. IDENTITY OF STATEMENT MAKER

All filers:

Last Name Middleton First and Middle Names Sharon Green

Principal Residence 51 [REDACTED] Yellowwood Ave.

Baltimore, MD 21209

Residence Telephone [REDACTED]

All filers *except* candidates for elected office:

Agency (Dep't, Division, Bureau) _____

Position with Agency _____

Office Address _____

Office Telephone (____) _____ Email Address: _____

Candidates for elected office:

Office Sought Balto. City Council - District 6

PART B. TYPE OF STATEMENT/REPORTING PERIOD COVERED

All filers must check the applicable type of Statement and specify the year for which it is filed:

☒ Annual Statement ☐ Entry Statement ☐ Departure Statement ☐ Candidate's Statement

For Calendar Year 2011.

Persons filing a Departure Statement must also complete the following {see Directions at Part III(c)(2)}:

This Statement also covers the period of January 1, 20__ through _____, 20__.

PART C. RECEIPT BY ETHICS BOARD

NOTE: To be completed only by Ethics Board.

This Statement and accompanying Schedules were received for filing on 4-26-2013

[Signature]
For Board of Ethics

PART D. DISCLOSURES

1. INTERESTS IN REAL PROPERTY

During the *reporting period* covered by this Statement, did any of the following have any *interest* in any real property (*including property purchased or leased as your or their personal residence*), whether located in or outside Baltimore City?

If you answer "yes" to any of these, complete and attach **Schedule 1**.

a. You

☒ Yes ☐ No

b. A *family member* (if you directly or indirectly controlled that *family member's interest*)

☒ Yes ☐ No

c. An *attributable entity*

☐ Yes ☒ No

d. A partnership, limited liability partnership, limited liability company, or other unincorporated entity in which you, a *family member* (if you directly or indirectly controlled that *family member's interest*), or an *attributable entity* held an interest

☐ Yes ☒ No

2. INTERESTS IN BUSINESS ENTITIES

During the *reporting period* covered by this Statement, did any of the following have any *interest* in any *business entity*?

If you answer "yes" to any of these, complete and attach **Schedule 2**.

a. You

☐ Yes ☒ No

b. A *family member* (if you directly or indirectly controlled that *family member's interest*)

☐ Yes ☒ No

c. An *attributable entity*

☐ Yes ☒ No

SCHEDULE I
INTERESTS IN REAL PROPERTY

NOTE: For more than one property,
make additional copies of this Schedule.

1. LOCATION AND TYPE OF PROPERTY

Address or Legal Description: 5 [REDACTED] Yellowwood Ave.
Baltimore, MD 21210

Type of Property:

☐ Improved ☐ Unimproved
☒ Residential ☐ Commercial

Other (explain): Homeowner

2. HOLDER OF INTEREST

Name: Glennard S. Middleton Sr.

Relationship to Statement Maker:

☐ Self ☒ Spouse ☐ Child ☐ Parent ☐ Sibling ☐ Attributable Entity

☐ Unincorporated entity in which one of above held an *interest*

Address: 5 [REDACTED] Yellowwood Ave.
Baltimore, MD 21209

3. NATURE OF INTEREST

Type of *interest*:

☒ Fee simple ☐ Life Estate ☐ Leasehold Other (explain): _____

How held:

☐ Solely held ☒ Jointly held*

*If jointly held, state % of interest: 50%

4. OTHERS WITH *INTEREST* IN PROPERTY

Name: _____
Address: _____

N/A

Name: _____
Address: _____

Name: _____
Address: _____

5. CONDITIONS OR ENCUMBRANCES ON *INTEREST*

Describe the terms of any conditions or encumbrances on the *interest* and identify all parties involved:

Mortgage (monthly payment)

6. HOW *INTEREST* ACQUIRED

Person From Whom *Interest* Acquired: countryside Home loans

Name: to Bank of America

Address: _____

Date Acquired: 1995

Manner of Acquisition:

☒ Purchase ☐ Gift ☐ Inheritance

Other (explain): _____

If Acquired by Purchase:

Nature and dollar amount (or value) of consideration paid for *interest*:
About \$200,000.00

If Acquired Other Than by Purchase:

Fair market value of *interest* when acquired: \$ _____

1. LOCATION AND TYPE OF PROPERTY

Address or Legal Description: 1637 Hopewell Ave.
Balto. MD. 21221
Baltimore County, MD

Type of Property:

☐ Improved ☐ Unimproved
☒ Residential ☐ Commercial

Other (explain): Deceased Parent's Home

2. HOLDER OF INTEREST

Name: Rhonda Grandy, Sharon Middleton, Sonya Francis

Relationship to Statement Maker:

☐ Self ☐ Spouse ☐ Child ☐ Parent ☒ Siblings ☐ Attributable Entity
☐ Unincorporated entity in which one of above held an interest

Address: 1637 Hopewell Ave.
Balto. MD. 21221

3. NATURE OF INTEREST

Type of interest:

☐ Fee simple ☒ Life Estate ☐ Leasehold Other (explain): _____

How held:

☐ Solely held ☒ Jointly held*

*If jointly held, state % of interest: 30%

4. OTHERS WITH INTEREST IN PROPERTY

Name: Rhonda Grandy (Sister)
Address: 1214 Havenwood Rd.
21218

Name: Sonya Francis (Sister)
Address: 1637 Hopewell Ave.
21221

Name: _____
Address: _____

5. CONDITIONS OR ENCUMBRANCES ON INTEREST

Describe the terms of any conditions or encumbrances on the *interest* and identify all parties involved:
I do not reside in property. my sister
lives in and is responsible.

6. HOW INTEREST ACQUIRED

Person From Whom Interest Acquired:

Name: Martha Green (Deceased mother)
Address: 1637 Hopewell Ave.
21221

Date Acquired: 11/25/06

Manner of Acquisition:

☐ Purchase ☐ Gift ☒ Inheritance

Other (explain): Parents (Deceased) Residence

If Acquired by Purchase:

Nature and dollar amount (or value) of consideration paid for *interest*: _____

If Acquired Other Than by Purchase:

Fair market value of *interest* when acquired: \$ _____

3. POSITIONS WITH *BUSINESS ENTITIES DOING BUSINESS WITH CITY*

During the **reporting period** covered by this Statement, did any of the following hold an office, directorship, salaried employment, or similar position with any **business entity** that does **business with the City** {or is regulated by or lobbies before the **City**}?

If you answer "yes" to any of these, complete and attach **Schedule 3**.

a. You

☐ Yes

☒ No

b. Your spouse or child

☐ Yes

☒ No

c. Your parent or sibling (to the extent known to you)

☐ Yes

☒ No

4. GIFTS (INCLUDING TRAVEL EXPENSES) FROM *PERSONS DOING BUSINESS WITH CITY*

During the **reporting period** covered by this Statement, did any of the following accept, directly or indirectly, any **significant gift** (including payment of travel expenses) from any **person** that (i) does **business with the City** {or is regulated by or lobbies before the **City**} or (ii) is an owner, partner, officer, director, trustee, employee, or agent of any **person** that does **business with the City** {or that is regulated by or lobbies before the **City**}?

If you answer "yes" to any of these, complete and attach **Schedule 4**.

a. You

☒ Yes

☐ No

b. A **family member** or other **person** at your direction

☐ Yes

☒ No

5. DEBTS TO *PERSONS DOING BUSINESS WITH CITY*

During the **reporting period** covered by this Statement, were any of the following indebted to any **person** that does **business with the City** {or is regulated by or lobbies before the **City**}?

Note: The following debts need not be reported: (i) utility accounts (e.g., telephone, gas, or electric accounts); or (ii) retail credit or installment sales accounts (e.g., credit card purchases or advances; car or appliance financing through dealer or established lender).

If you answer "yes" to any of these, complete and attach **Schedule 5**.

a. You

☐ Yes

☒ No

b. A **family member** (if you were involved in the transaction giving rise to the debt)

☐ Yes

☒ No

SCHEDULE 4
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

NOTE: Provide the following information for each significant gift or series of gifts from the same person or entity.
If needed, make additional copies of this Schedule.

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly, the *significant gift* was given.

Name: I accept tickets to events that are given to
Address: entire city council members. (can submit list at request)

2. RECIPIENT OF GIFT

Name: _____

Relationship to Statement Maker:

☐ Self ☐ Family member or other person, at your direction

Address: _____

3. NATURE OF GIFT

Describe gift: _____

Retail value when received: \$ _____

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or other associated expenses, provide the following information for that trip:

Location: _____

Nature of Event: _____

Fair Market Value of Entire Trip: \$ _____

Amount Paid for by You: \$ _____

Amount Paid for by *Person* Identified in Section 1: \$ _____

6. FAMILY MEMBERS EMPLOYED BY CITY

During the *reporting period* covered by this Statement, were any of the following employed by the *City*?

If you answer "yes" to any of these, complete and attach **Schedule 6**.

a. Your spouse or child

☒ Yes ☐ No

b. Your parent or sibling

☐ Yes ☒ No

7. OTHER SOURCES OF EARNED INCOME

During the *reporting period* covered by this Statement, were any of the following (i) a compensated employee of someone other than the *City*; (ii) an owner (sole or partial) of a *business entity*; or (iii) a recipient of earned income from a *business entity*?

If you answer "yes" to any of these, complete and attach **Schedule 7**.

a. You

☒ Yes ☐ No

b. Your spouse or child

☐ Yes ☒ No

8. ADDITIONAL INFORMATION

Is there any other interest or information that you would like to disclose?

If you answer "yes", complete and attach **Schedule 8**.

☐ Yes ☒ No

SCHEDULE 6
FAMILY MEMBERS EMPLOYED BY CITY

1. SPOUSE

Name: Glenard S. Middleton Sr.
Address: 5108 Yellowwood Ave.
Bgto. ind. 21209
Name of Agency: (ON Fulltime leave)
Title and Nature of Position: AFSCME President of Local 44
Ex. Director Council 67

2. CHILD

Name: Anika T. Middleton (step-child)
Address: Baltimore County
Name of Agency: Housing Dept. (Code Enforcement)
Title and Nature of Position: Housing Inspector

3. PARENT

Name: _____
Address: _____
Name of Agency: _____
Title and Nature of Position: _____

4. SIBLING

Name: _____
Address: _____
Name of Agency: _____
Title and Nature of Position: _____

**SCHEDULE 7
OTHER SOURCES OF EARNED INCOME**

1. STATEMENT MAKER

Name of Statement Maker: MD Dept. of Labor, Licensing and Regulations

Business Entity's Name and Address: 1100 N. Eutan St.
Baltimore, MD 21201

Title and Nature of Position: Part time position / Administrator
General Administration of Division of Labor & Industry

2. SPOUSE

Name of Spouse: _____

Business Entity's Name and Address: _____

Title and Nature of Position: _____

3. CHILD

Name of Child: _____

Business Entity's Name and Address: _____

Title and Nature of Position: _____

4. CHILD

Name of Child: _____

Business Entity's Name and Address: _____

Title and Nature of Position: _____

SCHEDULE 8
ADDITIONAL INFORMATION

- 1) Serve as Commissioner on Sustainability Commission for Council
- 2) Serve as a member of Parking Authority Board for Council

Sharon Green DeBeto
(Signature)

PART F. NOTARIZATION

STATE OF MARYLAND
CITY/COUNTY OF Baltimore

I CERTIFY that, on this 26th day of April, 2012, before me, a Notary Public in and for the City/County the accompanying Schedules, and the preceding Affirmation were all his/her act.

AS WITNESS, my hand and Notarial Seal:

Larry C. Brown
(Notary Public)

My Commission Expires: 8/6/13

